



# MONTANA

## COMMISSIONER OF SECURITIES AND INSURANCE, OFFICE OF STATE AUDITOR ZERO PREMIUM SURPLUS LINES 2012 REPORTING FORM

(Only Surplus Lines Agents are required to complete this form - Surplus Lines agencies are excluded)

I, \_\_\_\_\_  
Name of Surplus Lines Agent (Print) MT Surplus lines License #

affiliated with \_\_\_\_\_  
Name of Insurance Agency

Business Phone Number Email Address

Pursuant to the Commissioner's instructions I am reporting that I produced zero premium for surplus lines policies and/or surplus lines endorsements for risks located in or required to be filed with the State of Montana in calendar year 2012.

Name of Person Completing the Form (Print) Contact Phone Number

Title of Person Completing the Form (Print)

Signature of the Person Completing the Form Date

This completed form may either be faxed or emailed to Tim Morris at 406-444-3497 or [tmorris@mt.gov](mailto:tmorris@mt.gov) or a hard copy mailed to

Office of Commissioner of Securities and Insurance  
Montana State Auditor  
Examinations Bureau  
840 Helena Avenue  
Helena, MT 59601